State of Minnesota District Court Judicial District: County Court File Number: Case Type: Dissolution with Children In Re the Marriage of: Name of Petitioner **Affidavit of Personal Service** and Name of Respondent STATE OF MINNESOTA COUNTY OF _____(County where Affidavit signed) I, ________, being sworn, state that I am at least (Name of person who hand-delivered documents) 18 years of age having been born on ______, and that on _____ _______, _______, I served the _________(list all papers handed to the other party) _____ upon ____ (list all papers handed to the other party) by handing a true and correct copy of the documents to him/her. Signature of Person Who Served Documents (Sign only in front of notary public or court administrator.) Name: Sworn/affirmed before me this Address: City/State/Zip: day of , . . Telephone: ()
Notary Public \ Deputy Court Administrator

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